



DIANA M. BONTÁ, R.N., Dr. P.H.  
Director

State of California—Health and Human Services Agency  
**Department of Health Services**



GRAY DAVIS  
Governor

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TO: ALL COUNTY WELFARE DIRECTORS Letter No.:03-52  
ALL COUNTY WELFARE ADMINISTRATIVE OFFICERS  
ALL COUNTY MEDI-CAL PROGRAM SPECIALISTS/LIAISONS  
ALL COUNTY HEALTH EXECUTIVES  
ALL COUNTY MENTAL HEALTH DIRECTORS  
ALL COUNTY MEDS LIAISONS

SUBJECT: QUESTIONS AND ANSWERS – ON MEDI-CAL SENATE BILL 87  
REDETERMINATION PROCESS FOR ALL DISCONTINUED SSI/SSP  
BENEFICIARIES AS ORDERED IN THE *CRAIG v. BONTÁ* LAWSUIT  
(Reference: All County Welfare Directors Letters Nos.: 01-36, 01-39,  
02-40, 02-45, 02-48, 02-54, 02-59 and 03-24)

This All County Welfare Directors Letter (ACWDL) provides the answers to some recent county questions pertaining to Senate Bill (SB) 87 (Chapter 1088, Statutes of 2000) and the policy directives in ACWDL 03-24. The county questions (in bold) on the SB 87 Redetermination process for beneficiaries who are discontinued from Supplemental Security Income/State Supplementary Payment (SSI/SSP) are grouped by the *Craig* policy topic in the recent ACWDL 03-24 and the referenced page number.

**CRAIG RECORDS – ACWDL 03-24, Page 5 and 6**

- 1. The letter states the Notice Type 87 information will be displayed on the Medi-Cal Information Inquiry (INQM) screen on MEDS. This information is currently displayed on the Pending/Denied Application (INQP) screen. Are there any plans to put the notice information on the INQM screen?**

No. Due to space limitations on the INQM screen, Notice Type 87 information will remain on the INQP screen. The Pickle Indicator, eligibility status code, termination date, termination reason and government responsibility code are the *Craig* related data elements that will appear on the INQM screen.



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[www.consumerenergycenter.org/flex/index.html](http://www.consumerenergycenter.org/flex/index.html)

**MEDS TRANSACTIONS – ACWDL 03-24, Page 3**

2. **What are the required fields in the AP 18 transaction specific to a *Craig* record? The accelerated enrollment program requires the AP 18 transaction include the county identification (ID), MEDS ID, birth date, sex, last name, first name, application date, application flag, denial date, and denial reason. Are these same fields of information required on the AP 18 transaction when reporting the *Craig* individuals?**

The *Craig* individuals are already known to MEDS. The required fields on the AP18 transaction are those required to report an application, such as the county ID, MEDS ID, birth date, application date, and application flag. The application date for a *Craig* record will always be the date the county begins the SB 87 Redetermination process. The application flag would most likely be a "P" for pending application, including Medi-Cal, with no general relief.

If the SB 87 Redetermination is done prior to sending the AP18 transaction and it is determined the person is not eligible for Medi-Cal, then the same required fields, specified above, would be completed in addition to the denial date and the denial reason. If the person is determined ineligible after sending the initial AP 18 transaction, then a follow-up AP34 transaction would be required to shut down the pending application on MEDS that includes the denial date and denial reason. Preferably NOA date should also be included on the AP18 or AP34 to allow a more timely termination of the *Craig* eligibility in accordance with timely NOA requirements.

If the person is determined eligible after sending the AP18 transaction, then an EW20 or EW05 transaction that reports current or pending eligibility to a specific aid code, other than a *Craig* aid code, would be required.

3. **The application date to process an AP 18 transaction for an accelerated enrollment is usually found on the MEDS INQP (Pending/Denied Application) screen. The date for the SSI/SSP records will not be on the INQP inquiry screen, so what date does the county use when sending the AP 18 transaction on a *Craig* case?**

The application date on the AP18 transaction would be the date the county begins the SB 87 Redetermination process. After submitting the AP18 transaction, the county must follow-up with either an AP34 transaction in order to

shut down a MEDS record or an EW20 or EW05 transaction in order to establish new eligibility on MEDS in a different aid code.

**4. Does ACWDL 03-24 specify what must be done on MEDS with an In-Home Support Services (IHSS) record that is impacted by the *Craig* lawsuit?**

In most cases, the county will not be able to determine from MEDS what discontinued SSI/SSP case record also received IHSS services. These individuals will be intermixed with all the other *Craig* individuals on the Exception Eligibles report.

Whether or not the individual is an existing IHSS client, all SB 87 Redeterminations must begin with a MEDS AP18 transaction to establish the date the county began processing the case. The county must then check all available electronic or hard copy public assistance records, including the IHSS files. After contacting the individual and obtaining the necessary information to determine Medi-Cal eligibility, a follow-up to the MEDS AP18 transaction is required. If eligible, the county would submit an EW20 transaction to report eligibility in a new aid code. If ineligible, the county would submit an AP34 transaction to MEDS to discontinue the *Craig* aid code.

**5. If the SB 87 Redetermination process is done prior to sending the AP18 transaction, and it is determined the person is not eligible for Medi-Cal, do the same fields of information on the AP18 transaction get processed along with the denial date and denial reason?**

Yes. The AP18 transaction sent to MEDS must use the County ID assigned by the county (for example, 42-64-01234556-1-01) in the COUNTY ID field. If a county controlled aid code has not yet been assigned, IE should be reported in the aid code field. If an FBU has not yet been assigned, then a "0" (zero) should be reported in the FBU field. *Craig* aid codes may not be used as they are not county controlled aid codes. The County ID identifies the county case that contains the information supporting the denial action and so it is required.

**6. Does the county report MEDS eligibility for a *Craig* individual as a new eligible or as an inter program transfer?**

The county should grant the case as a newly determined eligible on MEDS.

**COUNTY REPORTS – ACWDL 03-04, Page 6**

7. **Is it possible for counties to get copies of the old *Ramos* reports, starting with when *Craig* began?**

No. The old MEDS logic for producing the *Ramos v. Meyers* reports was replaced by the new Exception Eligibles Reports.

8. **When will the counties receive the first exception eligibles report and will it start with *Ramos* up through April, or will it also include May 2003?**

The first County Exception Eligibles reports went out at the end of July 2003 for August 2003 month of eligibility. The reports include all *Craig* eligibles back to June 2002 excluding those who died, who moved out-of-state, who were reinstated back into SSI/SSP, or who received a county processed SB 87 Redetermination. Before August 2003, counties received special ad hoc reports to help with the case processing.

**MEDI-CAL ANNUAL REDETERMINATION DATE – ACWDL 03-24, Page 9**

9. **For a backlogged *Craig* case, if the worker does an SB 87 Redetermination on September 15, 2003, would the annual review date be in September 2004?**

Yes.

10. **For an on-going *Craig* case, if the SSA discontinuance date is in July 2003 and the county does an SB 87 Redetermination in September 2003, would the annual review date be in July 2004?**

Yes.

**TIMEFRAMES – Attachment A, Pages 2 and 3**

11. **Some counties have voiced concerns at the County Welfare Directors Association (CWDA) meetings regarding insufficient funding to work the *Craig* cases. How did the Department of Health Services (DHS) determine the county allocations for working these cases?**

The money budgeted for the *Craig* case was based on the county workload requirements to complete the SB 87 Redetermination.

**VERIFICATIONS – Attachment A, Page 4**

12. **Does the *Craig* case information meet the requirements for verification of identity under 50167(a)(6)?**

Yes, the *Craig* case as presented on MEDS does verify identity in accordance with 50167(a)(6). The county, however, is not precluded from requesting verification of property, income, or anything else necessary to adequately determine Medi-Cal eligibility. The county must use the MC 355 form when requesting verification information.

13. **Counties are not required to enter codes for citizens, but are required to enter refugee alien tracking codes on all aliens. Is it correct to assume that SSA has already entered these codes? Is verification of alien status required?**

California uses the alien tracking codes referenced here to properly reflect the federal/state funding for services provided to aliens. Generally SSA does provide these codes. Verification of alien status is not required until the annual redetermination unless the county is verifying a change in immigration status.

**CONTINUOUS ELIGIBILITY FOR CHILDREN – Attachment A, Page 5**

14. **Has the SSA been informed that counties will be contacting their offices to request the last SSI/SSP redetermination date to determine eligibility for the continuous eligibility for children (CEC) program?**

The SSA received a copy of ACWDL 03-24, and they are aware of the *Craig v. Bontá* lawsuit. They are also aware that counties will need the last SSI/SSP redetermination date to correctly determine the CEC program eligibility.

**FORMS – Attachment A, Pages 7 and 8**

15. **The beneficiary does not have to complete an MC13 form unless there is a change in citizenship status. Does this also mean a change in alien status? For example, if the county knows the individual is an alien, but they do not admit they have a change in alien or citizenship status, do they still need to complete the MC13 form?**

In accordance with ACWDL 02-59, Question and Answer A-1, the beneficiary only needs to complete an MC 13 when there is a change in citizenship or immigration status. (ACWDL 02-59, Questions and Answer, A-1 also applies to immigrants.) Completion of an MC 13 form is appropriate if the worker finds conflicting information regarding a beneficiary's citizenship or immigration status during the redetermination process.

**OTHER – Attachment A, Page 9**

**16. When can the county use the modified MEDS EW55 transaction?**

There are no plans to modify MEDS EW55 transaction at this time. MEDS EW12 transaction has been modified to allow counties to report address changes and other client data corrections using the *Craig* County ID.

**17. The counties would like DHS to develop and include a chart that identifies each category of SSA discontinuance, the code, the potential aid types, the Pickle indicator codes, and any other special information pertaining to this specific group. How soon can we expect the chart?**

A chart is enclosed as Attachment A. Ms. Carol Roach in Los Angeles County created it to incorporate into the training materials for the SB 87 Redetermination process. Los Angeles County has agreed to share it with other counties as a policy resource.

**18. How are the county mental health plans notified about the *Craig* aid codes (or any new aid codes)? When the new codes are not on the plan list, patients in these aid codes could be turned away and county staff, in health care and in social services, spend numerous hours taking calls and resolving problems. Providers also take on these calls and this results in the disruption of office appointments.**

The Department of Mental Health is on an internal Medi-Cal Eligibility Branch, Operation Instruction Letter (OIL) distribution list that informs all impacted parties when new aid codes are being implemented. Mental health care providers must verify Medi-Cal eligibility prior to providing services. If the person is eligible, the eligibility verification response for aid codes 1E, 2E, and 6E will be full-scope, no-SOC Medi-Cal coverage.

**19. It was stated at one of the CWDA Meetings that the “money is in the budget, but just not allocated out. The county must hire workers and**

**submit claims.” With the budget situation as it is, are counties getting the funding they need to do *Craig*?**

The Department’s County Administrative Expense Unit in the Fiscal Forecasting and Data Management Branch notified counties of these funds via an allocation letter on August 21, 2003, and followed-up with an advance letter on September 10, 2003. The eligibility workers will need to complete time studies so counties can claim the time they are charging to this activity.

The following Medi-Cal Eligibility program specialists are available to discuss program issues in the areas indicated below.

<i>Craig</i> Lawsuit	Maureen McCreary	(916) 552-9515
Pickle, DAC, and Disabled Widows	Cecelia Kelley	(916) 552-9485
No Longer Disabled	Betty Mosher	(916) 552-9494
Long Term Care/Property	Sharyl Shanen-Raya	(916) 552-9449

If you have any questions on the information contained in this letter, please feel free to contact Ms. Maureen McCreary of my staff at (916) 552-9515.

Original signed by

Beth Fife, Chief  
Medi-Cal Eligibility Branch

Enclosure

## CRAIG-AT-A-GLANCE

Program	Type	Persons Eligible	Immigration Status	Benefits	Property Limits	Income Limits	Other Information
Pickle (Pickle Amendment)	C	Must meet ALL criteria: Currently receives Title II RSDI benefits; since April 1977 has received or entitled to receive both RSDI and Title XVI, SSI benefits in the same month; been discontinued from SSI/SSP for any reason; received an RSDI COLA increase in any month since SSI/SSP was discontinued; would be entitled to receive SSI/SSP if the RSDI COLAs (received after SSI/SSP was discontinued) were disregarded	Satisfactory Immigration Status (SIS)  California Residence	Zero Share of Cost  BIC issued/ Full coverage	SSI Property Rules  \$2,000 - 1 person \$3,000 - 2 persons  Use Pickle Resource Worksheet (DHS7037)	SSI Income Rules  Use Pickle Financial Eligibility Worksheet (DHS 7021)	RSDI COLA Disregard Computation (DHS 7029)  Compute Pickle Determinations for all eligible and/or ineligible spouse's RSDI benefits.  Pickle determinations must be completed at Intake, at yearly redeterminations, and at the time of the annual RSDI COLA.  The actual receipt of the SSI benefit is required by federal statute, but only entitlement to receive the Title II benefit is needed to meet the Pickle eligibility requirement.
Disabled Adult Child (DAC)	T	Be at least age 18; and have previously received SSI/SSP based on blindness or disability; been discontinued from SSI/SSP due to entitlement to Social Security Child's benefit or an increase in such childhood disability benefits (on or after July 1, 1987); based on a disability which began before age 22.	SIS  California Residence	Zero Share of Cost  BIC Issued/Full Scope	SSI Property Rules (Same computation as Pickle)	SSI Income Rules (Same computations as Pickle except that the ONLY Recipient's income is counted, the Disabled Adult Child Title II benefit is excluded)	Pickle determination must be completed at Intake, at yearly redetermination and at the time of the annual COLA.  For anyone discontinued from SSI/SSP after January 1987, a Disregard Computation Worksheet is unnecessary since no adjustment is needed and the actual DAC—RSDI amount is reported on the DAC report.
Disabled Widow(ers) (Pickle Amendment)	W	Widow(ers) and some surviving, divorced spouses who have a disability who were receiving SSI/SSP but lost SSI/SSP due to receipt of Title II benefits; are not currently eligible to Medicare Part A; are at least age 50 but under age 65 and would continue to be eligible for SSI/SSP benefits if they were not receiving Title II benefits.	SIS  California Residence	Zero Share of Cost  BIC issued/ Full Coverage	SSI Property Rules (Same computations as Pickle)	SSI Income Rules (Same computations as Pickle)	Individual eligible under Title II for disabled widow benefits may also be receiving Title II benefits for another reason in addition to the widows insurance benefits. The amount of the disregard is the total amount of the Title II Section 202 benefits. Do not disregard any Title II Section 223 disability benefits.  Pickle determinations must be completed at Intake, yearly redeterminations and at the time of the annual RSDI COLA.
Long Term Care (LTC)	L	Lost SSI/SSP due to placement in a long-term care facility or who were discontinued for any reason while in the LTC on SSI or who was admitted to the LTC after the SSI discontinuance.	SIS  California Residence	Zero Share of Cost/ Share of Cost	Medi-Cal Property Rules  \$2,000 - 1 person \$3,000 - 2 persons  MCCA Rules as described in ACWDL 90-01 for spouse cases	No income limit	
No Longer Disabled (NLD)	D	Lost SSI/SSP due to the fact that the individual was determined "no longer disabled".  Has exhausted SSI/SSP appeal process or did not file an appeal request timely.	Evaluate for all other potential Medi-Cal eligibility (linkage).  Note: Just because the beneficiary was found to not meet the definition of a disabled individual for the purposes of SSI/SSP does not mean that that same individual cannot be considered incapacitated and, therefore, otherwise linked to some Medi-Cal programs such as Section 1931(b).				
All Others	X	Persons who meet linkage/deprivation requirements	This group represents all other Craig v. Bonta persons who do not fall into one of the above groups.				